2007 WL 5448593 (Mich.Cir.Ct.) (Trial Motion, Memorandum and Affidavit)
Circuit Court of Michigan.
Huron County

Robin NEWBERRY as Personal Representative of the Estate of Diane Laity, Deceased, Plaintiff,
v.
Paul Blakely SCADDAN, M.D., and Mark M. Greenbain, M.D., and
Robert Lee, d/b/a Lee's AFC Home, II, Defendants, jointly and severally.

No. 05-002838-NH.
January 8, 2007.

Plaintiff Diane Laity's Response to Defendant Paul Blakely Scaddan, M.D.'S Motion for Summary Disposition

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Honorable M. Richard Knoblock.

NOW COMES Plaintiff, ROBIN NEWBERRY as Personal Representative of the Estate of DIANE LAITY, Deceased, and for her answer to Defendant's Motion states:

1. The allegations set forth in the Defendant's Motion are denied because they are untrue in the manner and form alleged.

Respectfully submitted,

FIEGER, FIEGER, KENNEY & JOHNSON, P.C.

By:<<signature>>

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DATED: January 6,2007

BRIEF IN SUPPORT OF PLAINTIFF DIANE LAITY'S RESPONSE TO DEFENDANT PAUL BLAKELY SCADDAN, M.D.'S *MOTION FOR SUMMARY DISPOSITION*

STATEMENT OF FACTS

The Plaintiff Decedent, Diane Laity, date of birth XX/XX/1946, was a petite, mentally ill, adult foster care resident of the Lee's AFC Home, II in Pigeon, Michigan before her death on December 23, 2003. (Ex 1). The Plaintiff, Diane Laity, was a 57 year old paranoid schizophrenic who was in need of specialized foster care to keep her safe. (Exs 2-3). Ms. Laity was unable to live safely on her own, or to care for her own activities of daily living, without specialized assistance. *Id.*

Her AFC provider, Robert Lee, d/b/a Lee's AFC Home, II was licensed by the state of Michigan to provide specialized foster care to adults suffering from mental illness, physical handicaps, and mental retardation. (Ex 4). Defendant Lee agreed to provide Diane Laity with specialized adult foster care for her mental illness as early as November 13, 1999. Robert Lee provided specialized foster care to Ms. Laity throughout the entirety of 2003. (Exs 2-3).

6 The term “foster care,” is defined by statute in this State to mean:

> The provision of supervision, personal care, and protection in addition to room and board, for 24 hours a day, five or more days a week, and for two or more consecutive weeks for compensation. [MCL 400.704(6)]. (Ex. 21)

The term “supervision” is in turn defined by statute to mean:
Supervision means guidance of a resident in the activities of daily living, including all of the following:

A. Reminding a resident to maintain his or her medication schedule, as directed by the resident's physician.

B. Reminding a resident of important activities to be carried out.

C. Assisting a resident in keeping appointments.

D. Being aware of a resident's general whereabouts even though the resident May travel independently about the community. [MCL 400.707(7)]. (Ex 21)

The term “personal care” is defined by the statute to mean:

> Personal care means personal assistance provided by licensee or an agent or employee of a licensee who requires assistance with dressing, personal hygiene, grooming, maintenance of a medication schedule as directed and supervised by the resident's physician, or the development of those personal and social skills required to live in the least restrictive environment. [MCL 400.706(1)].

The term “protection” is defined by statute to mean:

> Protection ... means the continual responsibility of the licensee to take reasonable action to insure the health, safety, and well-being of a resident, including protection from physical harm, humiliation, intimidation, and social, moral, **financial** and personal **exploitation** while on the premises, while under the supervision

> of the licensee or an agent or employee of the licensee, or when the resident's assessment plan states that the resident needs continuous supervision. [MCL 400.706(4)] (Emphasis added).

The term "foster care", including its subparts, does *not* include continuous nursing care. Individuals in need of continuous nursing care are *not* legally permitted to reside in a foster care home. (See Ex. 21 at R400.1407(1)). Indeed, an AFC provider is not permitted to accept, retain, or care for a resident who a licensed physician has determined (as here) is in need of continuous nursing care. (*Id.*) Dr. Scaddan recognized the Plaintiff's need for continuous nursing care and requested that she be placed in an extended care/skilled nursing facility during her 12/13/03 hospital admission (see Ex. 6, pp. 108-110).

Her mental health care was provided for by her psychiatrist, Dr. Mark Greenbain. (Ex 5). Her medical care was provided for by her personal care physician, Dr. Paul Scaddan. (Ex 6). Dr. Scaddan provided care to her at his private medical clinic. *Id.* On July 29, 2002, Ms. Laity's former physician entered an order requiring Ms. Laity to be given 600 milligrams of Lithobid (lithium) for her mental illness twice per day. *Id.* The normal/therapeutic level of lithium is, and remains, between 0.5 and 1.5 MMOL/L. Toxic levels of lithium occur as low as 2.0 MMOL/L. Ms. Laity's lithium levels were normal, and remained normal from August 8,2002, to approximately August 25,2003. From August 26,2003 through December 13,2003, the foster care provider, or the provider's staff, gave or otherwise permitted Ms. Laity to have more than her permitted dose of lithium per day. Ms. Laity's lithium levels became extremely toxic between August 26, 2003, and December 13, 2003.

As a consequence of lithium toxicity, Ms. Laity began to slur her speech, began to fall excessively, became increasingly agitated, became dehydrated, became confused, demonstrated manic-like behavior, was always thirsty, and fell repeatedly striking her head when she fell. (Exs 2,4, and 6, p. 107, 18-19, 22, pp. 78, 81 and 97). Her foster home chart is full of specific capitalized notations indicating that, "*Diane Keeps Falling.*" (Ex 2). These specific notations begin on October 18, 2003. *Id.* On November 24,2003, the foster home staff noted that Diane shattered the shower glass door when she lost her balance and fell through it while showering. (Ex 2). Dr. Greenbain did nothing to intervene to help Diane Laity, and the foster home staff did not contact Dr. Scaddan about her falling until November 28, 2003 - four (4) days *after* she fell through the shower door. (Ex 2).

Dr. Scaddan made an appointment for her on December 2,2003. By December 1,2003, Ms. Laity's foster home chart was modified to report that she was falling constantly. (Ex 2, p. 27). Diane Laity was taken to Dr. Scaddan's office for an evaluation on December 2,2003. The foster home staff told Dr. Scaddan that Diane Laity was unsteady on her feet, had slurred speech, and that she had been unsteady on her feet for the last five to six days. (Ex 7, pp 26-27). The foster home staff also told Dr. Scaddan that she had fallen two times in the last week or so. *Id.* The staff also told Dr. Scaddan that her balance was much worse than normal, and that she had fallen and hurt her lip within the last week. *Id.*

Dr. Scaddan admitted during his deposition that he diagnosed Ms. Laity with new onset neurological deficit. (Ex 7, pp 37-38). Dr. Scaddan did *not* include any drug overdose, or drug reaction, as part of any differential diagnosis. He included a possible TIA, or mini stroke, in his differential diagnosis, *but he had no idea what the signs or symptoms of a possible lithium overdose would look like so he didn't include it in his differential diagnosis.* (Ex 7, pp 37-38) [1] . He did not order the blood test necessary to identify lithium toxicity on December 2, 2003, and he did not admit her to the hospital for testing - where she could be evaluated without the fear of further falling. *Id.* Pages 39-40.

In order to evaluate the patient's possible stroke, Dr. Scaddan ordered the patient to have a CT, 2-D echo, and a carotid Doppler study. *Id.* Pages 36-37 and Ex 6. These tests were done on an outpatient basis on December 4, 2003. The test results were all negative. *Id.*

Dr. Greenbain began to treat Ms. Laity in October of 2002. He came to the AFC home to check on her once every three months. He prescribed lithium for her mental illness. Dr. Greenbain did not keep a contemporaneous medical chart on Ms. Laity, despite being required to do so by the Federal Medicare/Medicaid Act. After being notified of this lawsuit, Dr. Greenbain illegally prepared his version of a patient chart for Ms. Laity. (Ex 5).

Dr. Greenbain did not perform any assessments of Ms. Laity during his visits, and he did not review the foster home's daily log, or otherwise speak with the home staff, to identify any possible negative side effects of the lithium being suffered by Ms. Laity. He did not give the home staff any in-service training on what they should look out for as possible side effects of lithium toxicity. To make matters worse, Dr. Greenbain did not regularly monitor Ms. Laity's blood lithium levels either. Dr. Greenbain waited some eight months between blood tests (December 16, 2002 - August 25, 2003). Dr. Greenbain originally prescribed 900 MG of lithium per day for Ms. Laity: One 300 MG tablet in the a.m., and two 300 MG tablets in the p.m. On May 16,2003, Dr. Greenbain increased Ms. Laity's dosage 25% to 1200 MG of lithium per day: Two 300 MG tablets twice per day. (Ex 2).

Dr. Greenbain did not explain the change in prescription to the foster home staff, or identify the side effects of lithium that the home staff needed to be aware of. Dr. Greenbain received a lithium blood test result on August 25, 2003. The test result was normal. (Ex 6). *He did not order another blood test until December 9, 2003, despite increasing her lithium dosage by 25 percent on May 16. 2003.* (Ex 6). Ms. Laity began to severely suffer from the side effects of lithium toxicity beginning in October of 2003. (Ex 2). She began to slur her speech, and fall repeatedly both in and outside of her foster home. *Id.* Her condition worsened throughout October and November of 2003. *Id.*

As adumbrated above, Ms. Laity was taken to see Dr. Scaddan on December 2, 2003. (Ex 2). Dr. Scaddan did not order any blood work. Dr. Greenbain visited the foster home on December 7,2003. He requested blood work for Ms. Laity as part of his visit. (Ex 5). An order for the blood work was finally entered on December 9, 2003. The test results came back positive for lithium toxicity and sodium toxicity on December 10, 2003. (Ex 6).

Ms. Laity's lithium was stopped on December 10, 2003, when the test results came back toxic. When Dr. Greenbain ordered the blood test, he told the foster home staff to stop her lithium for five days if the test results came back high. (Ex 5). The foster home staff conveyed this information to Dr. Scaddan. They also told Dr. Scaddan that Dr. Greenbain had told them that Ms. Laity could be restarted on her lithium at a lower dose after the five days. *Dr. Scaddan did not call Dr. Greenbain to confirm his alleged order, or consult in any way with another psychiatrist before restarting Ms. Laity's lithium.* (Ex 7, pp 91-92).[2]

Dr. Greenbain denies that he ever told anyone to restart Ms. Laity's lithium, and that no one ever consulted with him about her lithium toxicity. Ms. Laity was hospitalized on December 12, 2003, when the side effects of her sodium and lithium toxicity continued to worsen. Ms. Laity's foster home records show that she fell every day between December 1 and December 12, 2003 - *twelve (12) days of continuous falling!* (Ex 2, p. 27).

Ms. Laity was hospitalized from December 12, 2003 to December 15, 2003. (Ex 6).[3] On December 15, 2003 Dr. Scaddan (without any consultation with Dr. Greenbain) restarted Ms. Laity's lithium prescription at one third of her normal dosage and stopped her IV fluid intake. (Ex 6; and Ex 7, pp 91-92). Dr. Scaddan discharged Ms. Laity to the Defendant AFC home on December 15, 2003, *despite recognizing that she was still acutely ill, couldn't walk. couldn't feed herself, couldn't talk, couldn't take care for her own ADL's. that she needed nursing home care, and that the foster home could not provide the nursing care the Plaintiff needed.* (Ex 6, pp. 108-110).

Dr. Scaddan directed the hospital social worker to help him with Diane Laity's discharge. (*Id*). Dr. Scaddan had a number of in-county and out-county nursing facilities available to place Diane Laity. (Ex. 23, pp. 4-5; Ex. 24, pp. 8, 11). The hospital social worker never checked on the availability of any out of county placements. (Ex. 24, p. 11). Despite knowing that patients in need of skilled nursing care are *not* to be placed in AFC homes, the social worker acted immediately to place the Plaintiff back in the Lee AFC home because “that is where she came from”. (Ex. 24, pp. 13-14).

Dr. Scaddan bowed to the pressures of the insurance industry and agreed to return the Plaintiff back to the AFC home as long as she went there with a wheelchair and she was later moved to a skilled nursing facility. (Ex. 6, p. 111, 77-78). He ordered Plaintiff to be discharged to the AFC on 12/18/03 with a wheelchair and home PT. (*Id.* At 76). Unfortunately, Dr. Scaddan

failed to write a prescription for either the wheelchair or the PT. (Ex. 24, pp. 17, 26-27). [4] Plaintiff never received neither while at the AFC, despite the fact that the wheelchair was required for the Plaintiff's safety. (*Id.*, pp. 17, 22, 26-27).

The foster care home staff noted that when Diane Laity returned to the AFC on 12/15/03 she was actually *in worse condition* not better. (Ex. 2, p. 13). Robert Lee, from Lee's AFC called Dr. Scaddan's office on 12/16/03 and told the nurse that Diane needed too much care, and that Dr. Scaddan had to find another place for Diane Laity. (Ex. 25). Dr. Scaddan's nurse called the hospital social worker to assist in the transfer. (*Id.*) Neither did anything to remove Diane Laity from the AFC home. She fell and suffered catastrophic brain injuries between 12/15/03 and 12/17/03. (Ex. 4, p. 5; 8-9; Ex. 6, pp. 204-218).

The falling severely injured Ms. Laity's brain, causing her to suffer an acute bilateral subdural hemorrhage of the frontal, temporal, parietal, and occipital regions of her brain [In this two-day period of time Ms. Laity managed to fall and severely injure every quadrant of her brain - FRONT, BACK, AND BOTH SIDES], and a focal subarachnoid hemorrhage on the inferior surface of the Plaintiff's right temporal lobe. (Exs 9-10). [5] The medical examiner who performed her autopsy opines that her brain injuries were both chronic - two to four weeks old, and acute - three to five days old at the time of his autopsy. (Ex 4,9).

Ms. Laity was returned to the hospital on December 17,2003 with the adumbrated brain injuries, and acute renal failure caused by her dehydration and sodium toxicity. (Ex 6). She was released from the hospital to die. (Ex 6). She was sent to another foster home with hospice care on December 19, 2003. She was in a coma at the time of her release, and she died from the consequences of the side effects of her lithium and sodium toxicity on December 23, 2003. (Exs 8-10; Ex. 22, pp. 54-97).

ARGUMENT

THE DEFENDANT'S MOTION IS INVALID, *BOTH FACTUALLY AND LEGALLY*

As specialists in their respective areas of medicine, Dr. Greenbain and Dr. Scaddan are both held to a national standard of care. See *Fortner v Koch,* 272 Mich 273, 281 (1935); *Johnson v Borland,* 317 Mich 225, 231 (1947); and *Naccarato v Grob,* 384 Mich 248 (1970). The law is well settled that a patient who is treated by a “specialist” physician is entitled to a thorough and careful examination, such as the condition of the patient and attending circumstances will permit, with such diligence and methods of diagnosis for discovering the nature of the ailment as are usually approved and practiced by other such specialist physicians of ordinary or average learning, judgment, and skill around the United States. *Id.* There are no exceptions. *Id.*

It is the duty of a physician or surgeon in diagnosing a case to use due diligence in ascertaining all available facts and collecting data essential to a proper diagnosis. See *Fortner v Koch,* 272 Mich 273, 281 (1935). Due diligence means that the physician did everything reasonable under the circumstances to make a timely and accurate diagnosis of the patient's condition. See *Fortner v Koch*, 272 Mich 273,281-283 (1935); and *People v Cummings.* 171 Mich App 577, 585 (1988). Ordering lab work is one of the most basic tools in a physician's arsenal of diagnostic tests available to properly diagnose a patient's medical condition. *Id.*

By definition, both physicians are individually responsible for their own malpractice. See *Richards v Pierce*, 162 Mich App 308,317-318 (1987); *Gulick v KFC,* 73 Mich App 746, 750 (1977); Restatement Torts 2d §457(b)(c) p 497; *Howell v Dr. Marie Ann IaCona,* 505 SO 2d 821, 824 (1987 LA App); and *Virginia Carter v Robert L. Shirlev,* 488 NE 2d 16, 20 (Mass App, 1987). Dr. Greenbain is also responsible, however, not only for injuries directly resulting from his substandard conduct, but for subsequent treatment by health care providers who sought to resolve the original harm. *Id.* This is so whether or not the subsequent treatment is rendered negligently. *Id.*

Dr. Scaddan's inaccurate diagnosis or failure to diagnose Ms. Laity's true ailment on December 2,2003 constitutes “malpractice”. See, *Brown v United States,* 419 F.2d 337 (8th Cir. 1969); *Brvant v Rankin,* 468 F.2d 510 (8th Cir. 1972); *Yako v United States,* 891 F.2d 738 (9th Cir. 1989) (failure to diagnose meningitis); *Rinard v Biczak,* 177 Mich App 287 (1989); *Clapham v Yanga,* 102 Mich App 47 (1980); and *Voegeli v Lewis,* 568 F.2d 89 (CA 8, 1977) (the physician must make inquiries and

perform the recognized tests that might serve to disclose the true cause of the symptoms). Dr. Scaddan's delay in diagnosis, in restarting the lithium on December 15, 2003, in discharging the Plaintiff to an AFC home, and in failing to provide the Plaintiff with a prescription for the proper safety equipment is also malpractice where, as here, the Defendants' misconduct directly led to the Plaintiff's further brain injury and concomitant death. *Id;* See Ex. 22, pp. 54-97; Ex. 23, pp. 35-36; and see *Taylor v Wilmington Med. Center, Inc.* 577 F. Supp 309 (D. Del. 1983); *Raymer v United States.* 609 F. Supp 1332 (E.D. Mo. 1985) (Delay in immobilizing candidate for spinal cord injury); *Jackson v United States,* 577 F. Supp 1377 (E.D. Mo. 1983) (stab wounds ---- delay in recognition of symptoms of internal bleeding). This is especially true where, as here, the Defendant Dr. Scaddan did not use all of the diagnostic testing tools, e.g., blood work, needed for the Plaintiff's diagnosis, and he sent her back to what he knew was an unsafe environment without her safety equipment, while knowing that she was unstable and could fall again, and the Plaintiff fell at least 10 more times after seeing Dr. Scaddan on December 2, 2003 and at least one time after he discharged her to the AFC on December 15, 2003. See, *Forrestal v Magendantz,* 848 F2d 303 (1st Cir. 1988) (need to resort to all available scientific means and facilities); *Clark v United States,* 402 F. 2d 950 (4th Cir. 1968); *Gildiner v Thomas Jefferson Univ Hosp.,* 451 F. Supp 692 (E.D. Pa. 1978); and *Rinard v Biczak,* 177 Mich App 287 (1989); and *Voegeli v Lewis,* 568 F.2d 89 (CA 8, 1977).

The Plaintiff's claim against Dr. Greenbain is supported by board certified psychiatrist, Dr. Shiener. Dr. Shiener has identified a number of important breaches of the applicable standard of care on the part of Dr. Greenbain:
1. Not keeping a medical chart on the Plaintiff;

2. Not assessing the Plaintiff, and her written home records, during his quarterly visits;

3. Not keeping abreast of the negative effects of the lithium being described by the home staff in the home records;

4. Not having more frequent (semi monthly) blood tests to measure the Plaintiff's lithium levels - given her side effects;

5. Not training/educating the AFC home staff on the side effects of lithium toxicity, and requiring the home staff to report the side effects directly to him;

6. Permitting the Plaintiff to be put back on lithium at the time of her discharge from the hospital on December 15, 2003; and

7. Not having the Plaintiff fully hydrated for a period of at least one month, or more, before putting her back on lithium.

[Exs 11-12]

The Plaintiff's claim against Dr. Scaddan is supported by a Board Certified family practice specialist, Dr. Karl Steinberg. (Ex. 22). Dr. Steinberg identifies a number of breaches of the applicable standard of care on the part of Dr. Scaddan. (*Id.* At pp. 54-97). He specifically opines that Dr. Scaddan breached his standard of care by:
1. Not ordering a stat blood test for Ms. Laity on December 2, 2003 to identify her lithium toxicity sooner;

2. Not stopping Ms. Laity's lithium on December 2,2003, given her classic symptoms of lithium toxicity;

3. Not hospitalizing Ms. Laity on December 2, 2003, to run tests on her without her falling;

4. Starting her lithium again on her discharge from the hospital on December 15, 2003;

5. Starting her lithium again without having Ms. Laity consistently hydrated for at least a month or more; and

6. Discharging Ms. Laity back to the AFC home on December 15, 2003. Ms. Laity's medical condition required that she be cared for in a nursing home, or nursing facility, not an AFC home, to treat her ongoing medical condition.

[Exs. 13-15, and Ex. 22, pp. 54-97]

A. Dr. Scaddan Assumed an Unavoidable Duty to Act Reasonably for the Plaintiff's Safety

The actions that Dr. Scaddan took in treating and diagnosing the Plaintiff, in giving her psychotropic drugs that he was totally unfamiliar with, and his discharge of her to an AFC home had to be taken under Michigan law with due regard for the safety of the Plaintiff. See *Stevens v Stevens,* 355 Mich 363, 369 (1959); *Baker v Arbor Drugs, Inc,* 215 Mich App 198,205-206 (1996); and *Terrell v LBJ Enterprises,* 188 Mich App 717,721 (1991). When Dr. Scaddan acted to assist the Plaintiff with her illness, he assumed a duty to perform his medical assistance carefully without omitting to do what a reasonably prudent board certified family practice specialist would do under the same circumstances. *Terrell, supra* at p 721; *Baker, supra* at pp 205-206; *Zychowski v A.J. Marshall Co,* 233 Mich App 229, 231 (1998); and *Green Construction Co v Williams Form Engineering Corp,* 506 F Supp 173, 177 (WD Mich, 1980). The determination as to whether Dr. Scaddan acted reasonably under the circumstances to fulfill his duty of due care is a jury question. *Id; Op Cit; Hammack v Lutheran Social Services,* 211 Mich App 1, 5 (1995); and *Paulen v Shinnick,* 291 Mich 288, 291 (1939).

B. Dr. Scaddan's Breaches of the Standard of Care Are a Proximate Cause of the Plaintiff's Injuries and Concomitant Death

Lithium toxicity is recognized to cause the victim to become disoriented, unbalanced, and prone to falling (Exs. 18-19, 22). Diane Laity suffered from lithium toxicity.

She suffered from nearly constant falling during October and November, 2003 (Ex. 2). As a result of her illness, she became obtunded and weak, and was unable to care for herself. (Exs. 6 and 26). Dr. Scaddan knew that she was too sick to be returned to her AFC home, and that she needed a wheelchair and physical therapy to get herself rehabilitated. (Ex. 6, pp. 108-110).

By returning Diane Laity back to the AFC home without her wheelchair, before she could walk or eat normally, Dr. Scaddan knew, or should have known, that Diane laity was a fall risk, and otherwise both a danger to herself and others. See *Clumfoot v St. Clair Tunnel Co.,* 221 Mich 113 (1922). Her death was, in turn, triggered by the trauma caused by Dr. Scaddan's negligence, making Dr. Scaddan “a” proximate cause of the Plaintiff's damages as a matter of law. See *Wilkingson v Lee,* 463 Mich 388, 394-398 (2000), *Wiley v Henry Ford,* 257 Mich App 488, 496-498 (2003); and Ex. 22, pp. 54-97.

CONCLUSION

For the reasons set forth above, Dr. Scaddan's breach of the applicable standard of care was a proximate cause of the Plaintiff's damages and resulting death. The Defendant's Motion should, therefore, be denied in its entirety.

Respectfully submitted,

FIEGER, FIEGER, KENNEY & JOHNSON, P.C.

By:<<signature>>

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DATED: January 6, 2007

Footnotes

1 The Plaintiff's medical experts are adamant that Dr. Scaddan had to consider a drug interaction, or medication overdose in his differential diagnosis. If he didn't know the signs or symptoms, he needed to look it up in the Physician's Desk Reference (PDR) or its on line equivalent. (See Exs 18-19). Medical ignorance, especially in this life threatening situation, is no excuse. (Ex. 22, pp. 54-97).

2 Plaintiff's family practice expert, Dr. Steinberg confirms that restarting the lithium and, specially restarting it without the approval of the Plaintiff's treating psychiatrist was a breach of Defendant's standard of care (Ex. 22, p. 93).

3 The Plaintiff was brain injury free before her discharge on 12/15/03 (Ex. 6, pp. 38, 41; and Ex. 23, pp. 15-16).

4 Dr. Scott Reiter has confirmed that it is a breach of the standard of care for Dr. Scaddan no to have written a prescription for the wheelchair. (Ex. 23, pp. 35-36).

5 The autopsy established that Diane Laity had not actually suffered a lacuner infarct, or stroke. (Ex. 9). Her falls caused her to suffer severe brain hemorrhaging, which Scherer Hospital's non-contract CT picked up as an infarct.

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